

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N039001S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2012
NAME OF PROVIDER OR SUPPLIER ANTHONY COMMUNITY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 212 N 5TH AVE ANTHONY, KS 67003		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citation represents the findings of the Licensure portion of the Annual Health Resurvey #LFP811.	S 000		
S1354 SS=E	26-40-305 (c)(1)(2) P E - Heating, Ventilation and A.C. (c) Heating, ventilation, and air conditioning systems. Each nursing facility ' s heating, ventilation, and air conditioning systems shall be initially tested, balanced, and operated to ensure that system performance conforms to the requirements of the plans and specifications. (1) Each nursing facility shall have a test and balance report from a certified member of the national environmental balancing bureau or the associated air balance council and shall maintain a copy of the report for inspection by department personnel. (2) Each nursing facility shall meet the minimum ventilation rate requirements in table 1a. If the building was licensed as a nursing facility on the effective date of this regulation, the minimum ventilation rate requirements shall be the levels specified in table 1b. This REQUIREMENT is not met as evidenced by: K.A.R. 26-40-305 (c) (2) The facility census totaled 35 residents. Twenty-four residents received hair care in the facility's beauty shop. Based on observation and interview the facility failed to have the required negative pressure exhaust system in the beauty shop that ensured all air exhausted directly to the outside. This deficient practice had the potential to affect all 24 residents that received hair care in	S1354		

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N039001S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/02/2012
NAME OF PROVIDER OR SUPPLIER ANTHONY COMMUNITY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 212 N 5TH AVE ANTHONY, KS 67003		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S1354	<p>Continued From page 1</p> <p>the beauty shop.</p> <p>Findings included:</p> <p>On 4/26/12 at 8:10 a.m. observation revealed the beauty shop located near the end of the South hallway presented with no exhaust system. The ceiling evidenced only a return air vent above and to the left of the sink.</p> <p>During an interview on 4/26/12 at 8:10 a.m. maintenance staff I reported to his/her knowledge the facility never had an exhaust system and confirmed the vent above the sink was an air return vent and not an exhaust system.</p> <p>On 4/26/12 at 10:00 a.m. during an interview maintenance staff I reported the part of the building which housed the facility's beauty shop was built in 1972.</p> <p>During an interview, Consultant E on 4/26/12 at 11:08 confirmed the facility's beauty shop presented without an exhaust system.</p> <p>The facility failed to provide the required negative pressure exhaust system in the beauty shop that ensured all air exhausted directly to the outside. This deficient practice affected all 24 residents who received hair care in the facility's beauty shop.</p>	S1354			